

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

January 31, 2008

Kathy Axtell, Administrator Grace Memory Care of Nampa LLC 4356 North Nines Ridge Lane Boise, ID 83702

License #: RC-781

Dear Ms. Axtell:

On December 18, 2007, a complaint investigation, follow-up/revisit, state licensure survey was conducted at Grace Memory Care of Nampa LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DONNA HENSCHEID, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DH/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



HEALTH & WELFARE

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December 26, 2007

Kathy Axtell, Administrator Grace Memory Care of Nampa LLC 4356 North Nines Ridge Lane Boise, ID 83702

Dear Ms. Axtell:

On December 18, 2007, a follow-up visit to the state licensure survey with a complaint investigation of October 22, 2007, was conducted at Grace Memory Care of Nampa LLC. The core issue deficiencies issued as a result of the October 22, 2007, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 18, 2008.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

Karen McDanuel, RN

JS/sc

c:

Lynne Denne, Program Manager, Regional Medicaid Services, Region III - DHW



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

Facility Name	Physical Address	Phone Number	
Grace Memory Care. Nampa	422 11th Ave. South	308 - 442 - 8200	
Administrator / '	City	ZIP Code	
Kathy Axtell	Nampa	83686	
Survey Team Leader /	Survey Type	Survey Date	
Donna Henscheid	Follow-up	12/18/07	

Survey T	eam Leader /	/ 	Survey Type	Survey Date	<i>5059</i>	***************************************	
	Donna	Henscheid Follow-up 13		3/18/07			
NON-	CORE ISSU	ES					
ITEM #	RULE# 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE	
•	300.01	The ficility en did	not dologate all nursin	of functions to			
	-	CAVAGIVAYS.		page 2			1 -
2	305,02	The facility RN of	lid not ensure Residen	the had allow	Cos	13/15/	1070
		and current orders		1			
3	305.03	The facility RNO	hid not assess Reside	nt #1's change			
		in Physical hoolth	status i.e. UTI				
4	305,04	The Scility RNdi	d not make, recomme	adations for		10000000	*
		changes to the NS	SA for Resident #1"	<u>5 02.1150 and</u>	****	445.6500	
		cave for a UTT, Po	asident # 2's prever	itativo measure	2		
			nd Rosidant #4's			2 45 (25 (25) 	
		neods.					
T	305,05	The facility RN d	hid not report Posido	ant #2's oncoing	1		
		weight lose to his	physician.				
6	310.03	The facility did i	not accurately track	Rosidant # 1's			
		controlled substa	incas.			und ne sig Logista de	
7.	320.02	. The Facility did not	update Resident #4.5	NSA for wound care		110/0	Tre.
	· /	Signature of Facility Reprèsentative		,	Date Signed	V	Sent of the sent o
01//	8/08	1) able stated			1×/12/0	2	